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TRANSITION FROM PROSTACYCLIN ANALOGUE INFUSION TO ORAL THERAPY IN PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION: A FIVE YEAR FOLLOW-UP

Moderated Poster Contributions
Poster Sessions, Expo North
Saturday, March 09, 2013, 3:45 p.m.-4:30 p.m.

Session Title: Pulmonary Hypertension: Physiology/Hemodynamics
Abstract Category: 27. Pulmonary Hypertension
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Background: Transition from prostacyclin analogue infusion to oral therapy in patients with pulmonary arterial hypertension (PAH) is possible with acceptable short- and mid-term results However, there is paucity of data in regards to its long-term outcomes.

Methods: Using a predefined protocol, transition to oral therapy was attempted in 22 patients with clinically stable PAH. Clinical and hemodynamic data were retrospectively collected at baseline, as well as during and after transition.

Results: All patients had severe PAH, and showed clinical and hemodynamic improvement with prostacyclin analogue infusion. Initial oral agents used for transition were Bosentan (63.6%), Sildenafil (31.8%), and Tadalafil (4.5%). Combination therapy was used in 68% of the patients. Successful transition was achieved in 11 patients (50%). After successful transition, clinical and hemodynamic parameters remained stable at the mid-term (mean 18 months), and long-term (mean 60 months) follow up. Patients who failed transition were older, more had idiopathic PAH, and had worse hemodynamic parameters during the treatment with prostacyclin analogue alone, as well as during the transition period.

Conclusion: Successful transition from prostacyclin analogue infusion to oral therapy can be achieved in a significant proportion of patients with clinically stable PAH. After an initial successful transition, patients were able to maintain clinical and hemodynamic stability at the mid- and long-term follow up.